

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

219

Registered No.

42

1. PLACE OF BIRTH

County

Graham

State

District or Township

Central

or Village

City

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Alvin Doyle Martin

(If child is not yet named, make supplemental report, as directed)

3. Sex of Child

male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

5

6. Legitimate?

yes

7. Date

of birth

Feb 29 1928
Month Day Year

8.

FATHER

Full name

Joseph Abner Martin

14.

MOTHER

Full maiden name

Mary Ann Durkins

9. Residence

(Usual place of abode)

Central

If non-resident, give place and state.

Arizona

15. Residence

(Usual place of abode)

Central

If non-resident, give place and state.

10. Color or race

white

11. Age at last birthday

27

(Years)

16. Color or race

white

17. Age at last birthday

26

(Years)

12. Birthplace (city or place)

Yuma, Ariz

(State or country)

18. Birthplace (city or place)

Central

(State or country)

Arizona

13. Occupation

Laborer, State Highway

Nature of industry

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living

5

(b) Born alive but now dead

0

(c) Stillborn

0

21. Were precautions taken against oph-
thalmia neonatorum.

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was

born alive

(Born alive or stillborn)

at

12 p.m.

on the date above stated.

Signature

R. K. Hayden M.D.

Yuma

(Physician or midwife).

* When there was no attending physician
or midwife, then the father, householder,
etc. should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Given name added from

a supplemental report

Month, day, year

Address

March 9-28

J. N. Stratten

H.O.S.

Registrar.

Filed

19

Registrar.

145-229-412

order of birth stated.